

OVERVIEW

Caseworkers must support the safety, permanency, and well-being of a child receiving residential services to:

- Ensure the child's needs cannot be met in a less restrictive setting.
- Ensure the child's family is involved in all processes.
- Collaborate with the residential care program in all areas of the child's intervention including service planning and delivery, permanency planning, discharge planning and transition to the community.

ENTRY INTO A RESIDENTIAL SETTING

Prior to Admission

Family and Permanency Team

The caseworker must assemble a family and permanency team for the child and conduct a family team meeting (FTM) to discuss the reason residential services are being considered and determine if alternate support services and safety plans can be implemented to maintain the child in the community.

At a minimum, the permanency team must consist of family members, and fictive kin of the child, professionals who are a resource to the family or the child, such as teachers, medical or mental health providers who have treated the child. For children 14 and older, the family and permanency team must include members selected by the child.

See [FOM 722-06B, Family Team Meeting](#) for more information.

Placement Exception Request

The caseworker must receive final approval for residential placement exception request. For planned placements, the caseworker must complete the PER after the Regional Placement Unit (RPU) has selected the residential placement. For emergency placements, verbal approval may be granted. Documentation and

approval must be completed in MiSACWIS within 30 calendar days of the verbal approval. See [FOM 722-03E, Placement Exception Requests and Approvals](#).

For inpatient psychiatric hospitalization, institutional care of a child under ten years of age, placement in emergency shelter facilities, and/or placement in jail, correctional, or detention facilities refer to *Intervention in Institutional and Facility Placements* in [FOM 722-03, Placement Selection and Standards](#).

REFERRAL AND ADMISSION PROCEDURES

Referrals for residential services must be made through the Regional Placement Unit (RPU). The RPU or primary caseworker/agency must provide all required referral materials to the residential provider.

Referral to Regional Placement Unit

If a caseworker believes residential services are the least restrictive option for a child, a referral must be made to the RPU for screening and referral for an independent assessment.

Documents Needed for Referral

The caseworker must provide or upload the documents listed on the MDHHS-5928, Residential Referral Checklist, Section 2- Documents Needed for Referral/Acceptance.

Documents Needed for Intake

The caseworker must provide or upload the documents listed on the MDHHS-5928, Residential Referral Checklist, Section 3- Documents Needed to Plan Intake.

Documents to be Provided at Admission

At the time of admission, but no later than 10 business days, the referring caseworker/agency must provide the documents listed on the MDHHS-5928, Residential Referral Checklist, Section 4- Documents to Bring to Intake/Admission.

Note: The RPU will not refer a child for placement prior to a fully executed DHS-3600, Individual Services Agreement. In event of an emergency placement, the DHS-3600 must be fully executed no later than the first working day following placement.

Referral for Independent Assessment

Prior to admission for residential services, or within 30 days of admission, an independent assessment must be completed to determine the least restrictive setting for a child. All referrals for an independent assessment must be made by the RPU utilizing the Assessment for Determination of Placement Referral, DHS-5847.

Independent Assessor

The independent assessment must be completed by a trained professional or licensed clinician who is not an employee of MDHHS and who is not connected to, or affiliated with, any placement setting in which children are placed by the State.

Documentation Being Sent or Uploaded

The RPU will review all requests for residential services and determine if a referral will be made for an independent assessment. In this item, see *RPU Referral Packet to the Residential Service Provider* for the appropriate documents that must be sent or uploaded.

Timeframes

When the referral is made to the independent assessor the assessment must be completed within 14 business days of receipt of completed referral. The independent assessor will send the finalized assessment report and recommendation to the RPU.

Independent Assessor Responsibilities

The independent assessor will complete or review the Child and Adolescent Needs and Strengths (CANS) assessment, review all available psychological and psychiatric evaluation reports, interview the child and the child's family/caregivers, and collaborate with the child's team and make a recommendation as to the determination of need. The recommendation must include the following:

- A determination of the least restrictive placement setting appropriate for the child and consistent with the short and long-term permanency goals identified in the child's permanency plan.
- Child specific short and long-term mental and behavioral health goals that are achievable and measurable.

Independent Assessor Recommendations

After assessing the child, the independent assessor will recommend one of the following:

- Residential services as the least restrictive option.
- Community setting, such as placement with family or a foster family home as the least restrictive option.

If the independent assessor is recommending residential services, the assessment must specify in writing the reasons why the needs of the child cannot be met by the family of the child or in a foster family home and why the recommended placement in a residential care program will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short and long-term goals for the child, as specified in the permanency plan.

Note: A shortage of foster family homes is not an acceptable reason for determining a child's needs cannot be met in a foster family home.

If the independent assessor recommends a child be placed in a community setting and the child is already placed in a residential, the caseworker has 30 calendar days from the assessment date to move the child to a community-based setting. See [FOM 902, Funding Determination and Title IV-E Eligibility](#)

Independent Assessment Exceptions

If a child is receiving residential services and moves to another residential program within 30 calendar days from the date of the independent assessment, a new independent assessment does not need to be completed.

If it is past 30 calendar days from the independent assessment and it is in the child's best interest to move to a new program with the same service description within a residential agency, a new independent assessment and referral to the RPU is not needed.

Example: A child is receiving services from a mental health behavior stabilization program (service code 751) and moves to another mental health stabilization program (service code 751) within the same residential agency.

Regardless of when an independent assessment was completed, if a child is receiving services from a human trafficking program and moves from a stabilization program (service code 752) to integration program (service code 725), a new independent assessment does not need to be completed.

Please reference the Amending Service Authorizations job aid in MiSACWIS.

Temporary Breaks

In cases when a child is absent from a residential placement for 14 calendar days or less (such as hospitalization or AWOLP), the child may return to the same placement without a new referral to the RPU. In addition, a new independent assessment is not needed.

If it is outside of the 30-calendar day window from the date of the independent assessment and a child is absent from a residential placement for more than 14 calendar days, the caseworker must make a new referral to the RPU if continued services in a residential are determined appropriate and in the best interest of the child.

See [FOM 903-07, Temporary Breaks/Bed Hold Payments](#), for additional details regarding the payment and approval process for bed holds.

Court Requirements

Residential Services Recommended

Within 5 business days of receiving the report from the independent assessor recommending residential services, the caseworker must

submit the report and the JC 15m, Motion Re Transfer/Hearing/Placement to the court.

The court will:

- Review and consider the assessment, determination, and documentation made by the independent assessor conducting the assessment.
- Determine whether the needs of the child can be met in a family home.
- If a family home cannot meet the child's needs, determine:
 - Whether residential services are the most effective and appropriate level of care for the child in the least restrictive environment; and
 - If residential services will enable the child to achieve the goals in the child's permanency plan.
- Issue a JC15, Motion and Authorization/Denial order, with the approval or denial of recommendation for residential services.

If the court does not approve residential services, the caseworker has 30 calendar days from the court order to move the child to a community-based setting.

Note: The court must issue the JC15, Motion and Authorization/Denial, approving or denying the recommendation, no later than 60 days from the initial admission into the residential program to continue Title IV-E eligibility. See [FOM 902, Funding Determination and Title IV-E Eligibility](#).

Community Setting Recommended

Within 5 business days of receiving the report from the independent assessor recommending placement in a community setting, the caseworker must submit the report and the MDHHS-5964, Court Cover Letter to the court checking the box that indicates that no action is needed.

Subsequent Court Reviews

At each dispositional review and permanency planning hearing, the court must approve of the child's continued participation in residential services.

The caseworker must submit the following to the court:

- Evidence that residential services are the most effective and least restrictive environment for the child based on the ongoing assessment of the child's strengths and needs.
- The placement is consistent with the child's short- and long-term goals as specified in the treatment plan.
- Documentation of the specific treatment or service needs that are being provided for the child at the residential and the length of time the child is expected to need services.
- Documentation of the efforts made to prepare the child to return home, or be placed with a fit and willing relative, legal guardian, adoptive family home, or foster family home.
- Documentation that the placement has been approved by the court, both initially and for continued placement.

Documentation

Caseworkers must document this information in the Supporting Information hyperlink in MiSACWIS for the case service plan.

SERVICE PLANNING AND DELIVERY

The primary caseworker/agency provider must do the following:

- Visit the child every month, which includes observing the child's daily living and sleeping areas. See [FOM 722-06H, Case Contacts](#) for more information.
- Invite to the FTM, the permanency resource monitor (PRM) and the community mental health (CMH) provider in the community where the child will reside upon discharge.
- Work collaboratively with residential staff, the child, and the family to make immediate and ongoing efforts to identify a community placement for the child upon discharge that will promote permanency.

**LENGTH OF
RESIDENTIAL
STAY APPROVAL**

Approval of the Michigan Department of Health and Human Services director, is required to maintain placement of any child who has received residential services for the following timeframes:

- Children 13 years or older who have received residential services for 12 consecutive months or 18 nonconsecutive months.
- Children under 13 years of age who have received residential services for 6 consecutive or nonconsecutive months.

**TRANSITION AND
DISCHARGE
PLANNING**

The caseworker must collaborate with the residential service provider on a child's discharge from residential services. A transitional discharge plan must be established by the residential within 30 days of placement. The primary caseworker must collaborate in discussions. The efforts must be discussed amongst all parties and action steps updated during quarterly FTMs at a minimum.

See [FOM 722-03D, Placement Change](#) and [FOM 722-03E, Placement Exception Requests and Approvals](#) for more information.

Planned Discharge

The primary caseworker/agency responsible for foster care case management must assist the residential care program in coordination, at least 180 days prior to discharge, to make a referral to Community Mental Health (CMH) for assessment and case management/wraparound services and continue coordination with CMH until discharge, if CMH is not already involved.

**Unplanned
Discharge**

A discharge is considered unplanned when the residential provider requests removal of the child from the placement, within 30 days

prior to the child successfully achieving the treatment goals due to one of the following:

- A child does not benefit from or has reached maximum benefit of the specific residential's programming.
- Due to documented incidents of risk or serious harm to youth, peers, or staff and efforts to reduce the risk have been exhausted.

Within 30 calendar days of receiving a request from a residential service provider for an unplanned discharge of a child, the caseworker must:

- Respond within two business days to acknowledge the receipt of the residential service provider's request for new placement.
- Schedule a meeting with the residential service provider, the RPU staff, and caseworker's supervisor to review documentation to determine if the concerns can be mitigated, identify the specific treatment needs of the child, and if mitigation is not possible identify alternative placement needs.

If the decision is made to discharge a child to another residential provider, the RPU will make a referral to the independent assessor within one business day.

Arrangements will be made with the residential care program to move the child within 30 days.

Note: When an unplanned discharge is being requested due to the child's threat of harm to self or others, the residential care program may request to provide one-to-one supervision. See [FOM 903-09, Case Service Payments](#).

Aftercare

The residential provider must provide aftercare services for each child who received residential intervention. Aftercare services must continue for a duration of six months post discharge and must be provided to children who are discharged into a community setting; this excludes discharge to another Child Caring Institution (CCI), shelter, adult foster care, hospital, detention, or jail. See [FOM 912-1, Residential Care Program Requirements](#) for more information.

**TERMINATION AND
RELEASE
PROCEDURES**

See [FOM 912-1, Residential Care Program Requirements](#) for more information.

**CONCERNS/
GRIEVANCE
PROCESS**

If a child, parent, caregiver, or caseworker has concerns about the safety, care or treatment of a child receiving residential services, the following must occur:

- The caseworker and supervisor must attempt to resolve the concerns with the contracted residential provider.
- If concerns are not resolved, the supervisor must escalate concerns to the program manager or county director.
- If concerns are not resolved with the program manager or county director, then it must be escalated to the contract administrator at program office.

Suspected child abuse or neglect of the child must be reported to the MDHHS Centralized Intake Unit. See [FOM 722-13A, Maltreatment in Care-Foster Care Responsibilities](#), and [FOM 722-13, Referrals to Children's Protective Services \(CPS\)](#).

CHILD DEATH

The death of a child must be reported as outlined in [SRM 172, Child/Ward Death Alert Procedures and Timeframes](#).

LEGAL AUTHORITY**State**

Child Care Organizations Act 116 of 1973, MCL 722.123a

Placement of a child in foster care into a qualified residential treatment program. Includes requirements, assessment of qualified

individual, duties of court or administrative body, dispositional review, approval for continued placement, and definitions.

Probate Code of 1939 Act 288 of 1939, MCL 712A.19

Determination as to placement in a residential care program.

Federal

Family First Prevention Services Act of 2018 (H.R. 1892), PL 115-123

The purpose of this is to enable States to use Federal funds of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](#).